

Agency Name:	Office Of Regulatory Staff		
Agency Code:	R060	Section:	73



Fiscal Year FY 2022-2023

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS

(FORM B1)

For FY 2022-2023, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Requesting General Fund Appropriations. |
| <input checked="" type="checkbox"/> | Requesting Federal/Other Authorization. |
| <input type="checkbox"/> | Not requesting any changes. |

NON-RECURRING REQUESTS

(FORM B2)

For FY 2022-2023, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Requesting Non-Recurring Appropriations. |
| <input type="checkbox"/> | Requesting Non-Recurring Federal/Other Authorization. |
| <input checked="" type="checkbox"/> | Not requesting any changes. |

CAPITAL REQUESTS

(FORM C)

For FY 2022-2023, my agency is (mark "X"):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Requesting funding for Capital Projects. |
| <input checked="" type="checkbox"/> | Not requesting any changes. |

PROVISOS

(FORM D)

For FY 2022-2023, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Requesting a new proviso and/or substantive changes to existing provisos. |
| <input type="checkbox"/> | Only requesting technical proviso changes (such as date references). |
| <input type="checkbox"/> | Not requesting any proviso changes. |

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT: SECONDARY CONTACT:	Allyn H. Powell	(803) 737-1482	apowell@ors.sc.gov
	Pamela F. Spires	(803) 737-0409	pspires@ors.sc.gov

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:		

This form must be signed by the agency head – not a delegate.

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BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Santee Cooper Oversight	0	0	2,000,000	0	2,000,000	0.00	0.00	8.00	0.00	8.00
TOTALS			0	0	2,000,000	0	2,000,000	0.00	0.00	8.00	0.00	8.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Santee Cooper Oversight
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$2,000,000 Total: \$2,000,000
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What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	8.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	This relates to goal 1.1.1 in the Strategic Plan - ORS provides information to consumers regarding public utilities.
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	The funds would support employee salaries and consulting fees associated with the oversight of Santee Cooper.
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FUNDS

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

**JUSTIFICATION OF
REQUEST**

Act 90 of 2021 requires The Office of Regulatory Staff to perform certain review and oversight activities related to Santee Cooper (Public Service Authority). This request for additional personnel (8FTE) and consulting services are needed for the effective oversight and reforming of Santee Cooper.

This request is associated with a proviso request which would allow The Office of Regulatory Staff, with the permission of Public Utilities Review Committee (PURC), to bill Santee Cooper for this oversight.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM D – PROVISO REVISION REQUEST

NUMBER	NEW
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Santee Cooper Billing
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	New
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	B.1
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Is this request associated with a budget request you have submitted for FY 2022-2023? If so, cite it here.

REQUESTED ACTION	Add
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	Santee Cooper (Public Service Authority) - Santee Cooper would be required to pay costs incurred by The Office of Regulatory Staff for the oversight required pursuant to Act 90 of 2021.
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	The Office of Regulatory Staff is authorized to bill Santee Cooper for costs associated with its oversight of Santee Cooper performed pursuant to Act 90 of 2021 and any other relevant legislation, statute, or proviso, provided such costs do not exceed the amounts authorized for the oversight of Santee Cooper in Part 1A, Section 73 of this Act
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

This could increase other funds revenue for ORS by up to \$2 million.

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

73.scb (Santee Cooper Billing) The Office of Regulatory Staff is authorized, subject to Public Utilities Review Committee's approval of the Office of Regulatory Staff's annual budget, to bill Santee Cooper for costs associated with its oversight of Santee Cooper performed pursuant to Act 90 of 2021 and any other relevant legislation, statute, or proviso, provided such costs do not exceed the amounts authorized for the oversight of Santee Cooper in Part 1A, Section 73 of this Act.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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**FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION
CONTINGENCY PLAN**

TITLE	Agency Cost Savings Plan
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AMOUNT	\$90,000
	<i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>

ASSOCIATED FTE REDUCTIONS	None
	<i>How many FTEs would be reduced in association with this General Fund reduction?</i>

PROGRAM / ACTIVITY IMPACT	Office of Broadband Coordinator
	<i>What programs or activities are supported by the General Funds identified?</i>

SUMMARY	While a reduction of this amount may change the form of some outreach efforts and result in more virtual participation in meetings with stakeholders rather than in-person gatherings, no significant impact on the function of the Office is expected. In the event of a General Fund reduction, the office will first seek additional ways to cost share with the Other Funded portions of the agency, then consider reducing travel and deferring one time purchases.
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS	<p>Shift outreach/digital awareness to lower cost event types and reduce event travel: \$15,000</p> <p>Cost share with the Other Funded portion of the agency: \$40,000</p> <p>Defer one-time purchases: \$25,000</p> <p>Reduce travel costs by grouping site visits in regions where feasible: \$10,000</p>
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What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

